



**DISTRICT OF COLUMBIA
PUBLIC SCHOOLS**

Office of Human Resources
825 North Capitol Street, NE, Sixth Floor
Washington, DC 20002-4232
202/442-5420, fax: 202/442-5315
www.k12.dc.us

Request for Restoration of Annual Leave

Employee Name: (please print) _____

Social Security Number: _____ / _____ / _____

Position: _____

School/Location: _____

Total number of annual leave hours: _____

Total number of hours requested to carryover into 2005: _____

My total leave balance exceeds 240 hours. In accordance with Chapter 12, Part II, Subpart 4 of the District Personnel Manual (DPM), annual leave that would otherwise be forfeited may be restored for later use if the leave was scheduled at least three (2) pay periods in advance of the end of the leave year, approved in writing, and subsequently denied due to the demands of the public business.

I hereby request that _____ hours of annual leave be restored.
(insert number of hours in excess of 240)

Employee Signature: _____ **Date:** _____

Name of Immediate Supervisor: _____
(please print)

Signature of Immediate Supervisor: _____ **Date:** _____

Name of Department Head: _____
(please print)

Signature of Department Head: _____ **Date:** _____